

ParaReg Headnotes

1300-1399 Disability

Disability

- 1300-1 Disability may be verified through signed statement from SSA (50167(a)(1)(B))
- 1300-2 Disability determinations by other private or public groups not binding on SSA (POMS DI 24515.011)
- 1301-1 Federal nondisability determinations supersede previous state agency determinations awarding Medicaid benefits only in final decisions by SSA; 42 CFR 435.541(b) held invalid (Disabled Rights Union v. Kizer; Declaratory Judgment, DRU v. Kizer)
- 1301-2 State must follow final SSA decision which occurs after review process is complete (42 USC 1396 (a)(v)(i); 20 CFR 416.1400)
- 1301-3 A Title II or SSI/SSP decision becomes final when no further appeals can be filed (ACWDL 97-28)
- 1302-1 Disability may be verified in accordance with procedures established by DAPD, formerly DED (50167(a)(1)(D); ACWDL 97-54)
- 1302-2 Requirements for notices denying MN disability (ACWDL 86-52; Visser v. Kizer)
- 1302-3 Effect of prior determination by ALJ on subsequent determinations (AR 97-4(9); Chavez v. Bowen; POMS DI 32720.005, .010)
- 1302-4 Dismissal of hearing if request filed more than 90 days after adequate notice is sent (MPP 22-009.1, 22-001(c)(5), 22-021.1, 22-054.32)
- 1302-5 Mentally incapacitated person who was unrepresented at time of discontinuance from SSA disability is entitled to review discontinuance even when filing is more than 15 years late (Udd v. Massanari; SSR 91-5p)
- 1303-1 It is the responsibility of the applicant to prove his/her disability (20 CFR 416.912)
- 1303-2 If the applicant does not provide evidence regarding disability, a decision will be made on available information (20 CFR 416.916)
- 1303-3 If applicant does not have good reason for failing to attend consultative examination, he/she is subject to a determination of no disability (20 CFR 416.918)
- 1303-4 Duty to follow prescribed treatment (20 CFR 416.930)
- 1303-5 Losing weight is not equivalent to taking pills or following prescriptions. Losing weight in the past does not show obesity is remediable (Hammock v. Bowen; Dodrill v. Shalala)
- 1303-6 Evaluation of whether or not the individual is following prescribed treatment, particularly regarding obesity (SSR 00-03p; POMS DI 24570.001B.)
- 1304-1 ALJ has duty to develop record, even if claimant represented (Brown v. Heckler; Smolen v. Chater)
- 1304-1A ALJ has heightened duty to develop record fully when claimant may be mentally ill (Tonapetyan v. Halter)
- 1304-2 ALJ must give clear reasons for rejecting pain testimony (Varney v. Secretary)

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- 1304-3 ALJ cannot reject treating physician's opinions unless there are clear and convincing reasons to do so (*Montijo v. Secretary of HHS*)
- 1304-4 ALJ is entitled to draw logical inferences (*Sample v. Schweiker*)
- 1304-5 ALJ erred in drawing vocational conclusions without testimony or evidence from VE (*Burkhart v. Bowen*)
- 1304-6 ALJ erred in determining claimant could do past work when the ALJ failed to find claimant's impairment did not meet or equal a listing (*Fanning v. Bowen*)
- 1304-7 ALJ should rely on treating physician, not consultant (*Sprague v. Bowen*, *Murray v. Heckler*)
- 1304-8 ALJ must accept treating physician's opinion in the absence of clear and convincing reasons to reject it (*Davis v. Heckler*; *Lester v. Chater*; *Magallanes v. Bowen*; *Morgan v. Commissioner*)
- 1304-9 Duties of adjudicator when evaluating pain and other symptoms (POMS DI 24515.066B.; SSR 96-7p)
- 1304-10 Rejection of pain testimony based on lack of medications, testimony, medical experts, no job loss from pain (*Drouin v. Sullivan*)
- 1304-11 Pain testimony, when it can be rejected (*Stewart v. Sullivan*, *Fair v. Bowen*)
- 1304-12 Only issues before the federal ALJ are those not previously resolved in the applicant's favor, or when the ALJ notifies the applicant that he/she has rejected the favorable finding (20 CFR 416.1446(a))
- 1304-13 Federal ALJ must give great weight to VA determination of disability (*McCartey v. Massanari*)
- 1304-14 What the Title XVI disability decision must contain (SSR 86-8)
- 1305-2 Duty to assist claimants (POMS DI 22501.003B.)
- 1308-1 Glossary of terms, med-voc evaluation (POMS DI 25001.001)
- 1308-1A Approaching advanced age is 50-54 (POMS CI 25001.001B.1)
- 1308-1B Advanced age is 55 or over (POMS DI 25001.001B.1)
- 1308-1C Approaching retirement age is 60-64 (POMS DI 25001.001B.1)
- 1308-1D Younger individual is under 50 (POMS DI 25001.001B.1)
- 1308-1E Arduous work defined (POMS DI 25001.001B.2)
- 1308-1G Illiteracy, inability to communicate in English as part of education (POMS DI 25001.001B.7)
- 1308-1H Limited education as part of education (POMS DI 25001.001B.7)
- 1308-1I Marginal education as part of education (POMS DI 25001.001B.7)
- 1308-1J Environmental conditions, limitations and how they erode occupational base (POMS DI 25001.001B.8, 9; 25015.020B.7; SSR 96-9p)
- 1308-1K Feeling and fingering and how they erode occupational base (POMS DI 25001.001B.14, 15; 25020.005; 25015.020B.7; SSR 96-9p)
- 1308-1L Full range of work defined (POMS DI 25001.001B.18)
- 1308-1M Heavy work defined (POMS DI 25001.001B.20)
- 1308-1N Light work defined (POMS DI 25001.001B.23)
- 1308-1O Medium work defined (POMS DI 25001.001B.26)
- 1308-1P Relevant work period defined (POMS DI 25001.001B.37)
- 1308-1Q Sedentary work defined (POMS DI 25001.001B.39)
- 1308-1R Semiskilled work defined (POMS DI 25001.001B.40)
- 1308-1X Glossary of term from SSR (SSR 83-10)

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- 1308-2 GAF in psychological cases (DSM NR, p.32)
- 1308-3 Alcohol dependence (Merck Manual, Chapter 65, 137)
- 1308-4 Physical limitations and their effects on ranges of work, operating policy (POMS DI 25020.005A)
- 1308-4A How use of cane affects range of possible work (POMS DI 25020.005, 25015.020B.7; SSR 96-9p)
- 1308-4B The effect of climbing and balancing on work (POMS DI 25020.005, 25001.000B.3)
- 1308-4C The effect of loss of use of an upper extremity (POMS DI 25020.005)
- 1308-5 Nonexertional and exertional limitations compared (20 CFR 416.969)
- 1308-6 Signs and laboratory findings distinguished from symptoms (POMS DI 24501.020A and B)
- 1308-7 "Acceptable sources" and "other sources" (20 CFR 416.913(a), (e))
- 1308-8 What medical reports include (20 CFR 416.913(b))
- 1308-9 "Treating source" distinguished from "consulting source" (POMS DI 22505.001B.)
- 1308-10 Definition of source of record (POMS DI 22505.001B.)
- 1310-1 Sequential evaluation process (SSR 86-8)
- 1310-2 Only issues before the federal ALJ are those not previously resolved in the applicant's favor, or when the ALJ notifies the applicant that he/she has rejected the favorable finding (20 CFR 416.1446(a))
- 1310-3 Person with earned income under 250% of FPL may qualify for Medi-Cal as disabled person even if income exceeds SGA limit (ACWDL 02-40)

Sequential Evaluation

- 1311-1 Eligibility for Medi-Cal for severely impaired working individuals (Social Security Act, Title XVI, 1619(b); ACWDL 97-27)
- 1311-2 If performing SGA, then not disabled (20 CFR 416.920)
- 1311-2A Person with earned income under 250% of FPL may qualify for Medi-Cal as disabled person even if income exceeds SGA limit (ACWDL 02-40)
- 1311-3 SGA is both substantial and gainful (20 CFR 416.972)
- 1311-4 Basis for determining whether earnings are SGA (POMS-DI 10505.001A.)
- 1311-5 Dollar amounts that equal SGA \$830 as of 1/05 and \$860 as of 1/06 (20 CFR 416.974(b); ACWDL 04-40; 05-42, MEPM 22C-2.1)
- 1311-5A No dollar limit for Title XVI blind individuals for SGA purposes, only for Title II people (POMS DI 24001.025.B.3)
- 1311-5B SGA rules do not apply to certain legally blind persons, disabled Medi-Cal beneficiaries who return to work and 250% program applicants (ACWDL 04-40)
- 1311-6 SGA presumed if earnings over statutory minimum, but presumption is rebuttable (Keys v. Sullivan; Katz v. Secretary of HHS)
- 1311-7 Determination of whether the self-employed person is engaging in SGA (20 CFR 416.975(a))

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- 1311-8 Unsuccessful work attempt does not show ability to do SGA (20 CFR 416.974(a) and 416.975(a); POMS DI 10505.001C.)
- 1311-9 In determining whether illegal activity is SGA, the activity must involve significant mental or physical activity and be the kind of work done for pay or profit (SSR 94-1c; Dotson v. Shalala)
- 1311-10 Illegal activity is not SGA when it involves a minimal amount of time and does not require significant mental or physical exertion (Corrao v. Shalala)
- 1311-11 SGA occurs when claimant earns more than \$500 monthly by selling heroin or working as a prostitute (Hart v. Sullivan; Speaks v. Secretary of HHS)
- 1312-1 When impairments are severe v. nonsevere, general (POMS DI 22001.015)
- 1312-2 Evaluation of medical impairments that are not severe (POMS DI 24505.005)
- 1312-3 Duration of disability, including concurrent or combined impairments (POMS DI 25505.001)
- 1312-4 Duration of disability (POMS-DI 25505.010)
- 1312-5 Method of projecting the RFC 12 months from onset (POMS-DI 24510.020B.)
- 1312-6 Symptoms require objective medical signs and findings; evaluation of pain (20 CFR 416.929)
- 1313-1 Federal ALJ must obtain medical expert's opinion re: equivalency (SSR 96-6p; POMS DI 24515.013C.1)
- 1313-2 ALJ erred in determining claimant could do past work when the ALJ failed to find claimant's impairment did not meet or equal a listing (Fanning v. Bowen)
- 1313-3 Disability for unskilled workers who performed arduous work for 35 years (20 CFR 416.962; POMS DI 25010.001B.1)
- 1313-4 Disability for severely impaired, no PRW, age 55 plus, limited education or less (POMS DI 24510.006B.2)
- 1313-5 Inability to obtain a suitable prosthesis means that applicant satisfies Listing 1.10 (Gamble v. Chater)
- 1313-6 Evaluate B criteria for psychiatric listings based on combined mental and physical impairments (Lester v. Chater)
- 1313-7 Medical equivalence must be based on medical evidence only (20 CFR 416.926.(a)-(d))
- 1314-1 Less than full range of sedentary work (20 CFR Part 404, Subpart P, App. 2, 201.00(h); Gonzales v. Secretary)
- 1314-2 Younger individuals who are sedentary or less than sedentary may be considered disabled (20 CFR Part 404, Subpart P, App. 2, 201.00(h))
- 1314-3 Less than sedentary finding does not automatically establish disability finding, but adjudicator must give examples of jobs claimant can do (SSR 96-9p; POMS DI 25015.020B.3)
- 1314-4 Effect of exertional limitations on less than sedentary individuals (POMS DI 25015.020B.6.; SSR 96-9p)
- 1314-5 Effects of nonexertional impairments, excluding mental limitations, on less than sedentary individuals (POMS DI 25015.020B.7; SSR 96-9p)
- 1314-6 Effects of mental limitations on unskilled sedentary work (POMS DI 25020.010A.3; SSR 96-9p)

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- 1314-7 Lack of bilateral manual dexterity reduces RFC to less than sedentary (Fife v. Heckler)
- 1314-8 Effect of environmental limitations on ability to work (POMS DI 25020.015)
- 1314-9 Criteria in Ruling used to determine RFC (SSR 96-8p, 96-9p; POMS DI 25015.020A.)
- 1314-10 How use of cane affects range of possible work (POMS DI 25020.005, 25015.020B.7; SSR 96-9p)
- 1314-11 The effect of climbing and balancing on work (POMS DI 25020.005, 25001.000B.3)
- 1314-12 Environmental conditions, limitations and how they erode occupational base (POMS DI 25001.001B.8, 9; 25015.020B.7; SSR 96-9p)
- 1314-13 Feeling and fingering and how they erode occupational base (POMS DI 25001.001B.14, 15; 25020.005; 25015.020B.7; SSR 96-9p)
- 1315-1 Court holds that claimant is disabled once his age increases based on prior ALJ's RFC (Chavez v. Bowen)
- 1315-2 Age in borderline situations (Russell v. Bowen; Colvin v. Heckler)
- 1315-3 Age as a vocational factor (POMS DI 25015.005A.)
- 1315-3A Approaching advanced age is 50-54 (POMS CI 25001.001B.1)
- 1315-3B Advanced age is 55 or over (POMS DI 25001.001B.1)
- 1315-3C Approaching retirement age is 60-64 (POMS DI 25001.001B.1)
- 1315-3D Younger individual is under 50 (POMS DI 25001.001B.1)
- 1315-4 Education as a vocational factor (POMS DI 25015.010A.)
- 1315-4A Illiteracy, inability to communicate in English as part of education (POMS DI 25001.001B.7)
- 1315-4B Limited education as part of education (POMS DI 25001.001B.7)
- 1315-4C Marginal education as part of education (POMS DI 25001.001B.7)
- 1316-1 Transferability of skills (POMS DI 25020.015A.3)
- 1316-2 Transferable skills do not include innate aptitudes or learned skills (Renner v. Heckler)
- 1316-3 For purposes of GRID determinations, person with skilled or semi-skilled work history, and no transferable skills, should be treated as having an unskilled work history (Silveira and Vargas v. Apfel)
- 1316-4 Skills as a vocational factor (POMS DI 25015.015A.)
- 1316-5 Determining skill level of PRW (POMS DI 25015.015B.)
- 1316-6 Training as a vocational factor (POMS DI 25015.015A.)
- 1316-7 SSR guidance on transferability (SSR 82-4)
- 1317-1 Person who can do past relevant work not disabled (20 CFR 416.961)
- 1317-2 Individuals are considered capable of work if jobs exist in the region where they live or in the national economy (20 CFR 416.966)
- 1317-3 Ability to perform past work in foreign country requires disability denial, even if work of that kind does not exist in U.S. (SSR 82-40; Quang Van Han v. Bowen)
- 1317-4 Work experience as a vocational factor (POMS DI 25015.015A.)
- 1318-1 Evaluation of speech (SSR 82-57; POMS DI 24515.015)
- 1318-2 Noise restrictions (POMS DI 24510.050)

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- 1318-3 Evaluation of hearing ability (20 CFR, Part 404, Subpart P, Appendix 1, Section 2.00(B)(1))
- 1318-4 Effects of nonexertional impairments, excluding mental limitations, on less than sedentary individuals (POMS DI 25015.020B.7; SSR 96-9p)
- 1318-4A Visual limitations and impairments and their effect on work (POMS DI 25015.020B.7, 25020.005; SSR 96-9p)
- 1318-5 Nonexertional and exertional limitations compared (20 CFR 416.969)
- 1318-6 Alternate sitting and standing (POMS-DI 25020.005; SSR 83-12)
- 1318-7 Alternate sitting and standing puts case outside the Grids (Gallant v. Heckler)
- 1318-8 Person unable to walk, stand or sit for one hour without pain cannot do most jobs in national economy (Gallant v. Heckler, Delgado v. Heckler)
- 1318-9 Claimant who cannot return to past work and who has significant nonexertional limitations requires VE to deny claim (Burkhart v. Bowen)
- 1318-9A When claimant could not perform prolonged carrying, forceful pushing and pulling, or work at or above the shoulder level, it was inappropriate for the ALJ to rely on the Grids (Bruton v. Massanari)
- 1318-10 Side effects of medication (Varney v. Secretary)
- 1318-11 Guidance when exertional capacity falls between two rules (SSR 83-12)
- 1319-1 ALJ must give clear reasons for rejecting pain testimony (Varney v. Secretary)
- 1319-2 Guidelines for assessing pain, fatigue, nervousness (POMS DI 24515.066A.; SSR 96-7p)
- 1319-3 Using daily activity information, medication, treatment to assess pain (POMS DI 24515.066A. and B.; SSR 96-7p)
- 1319-4 Duties of adjudicator when evaluating pain and other symptoms (POMS DI 24515.066B.; SSR 96-7p)
- 1319-5 Medical evidence of pain required, but not medical findings of severity (Bunnell v. Sullivan)
- 1319-6 Rejection of pain testimony based on lack of medications, testimony, medical experts, no job loss from pain (Drouin v. Sullivan)
- 1319-7 Pain is highly idiosyncratic (Howard v. Heckler)
- 1319-8 Pain testimony, when it can be rejected (Stewart v. Sullivan, Fair v. Bowen)
- 1320-1 Medical opinions and opinions from other sources (POMS DI 24515.002A.)
- 1320-2 Weight to be given to treating source's opinion (POMS DI 24515.003A.)
- 1320-3 State agency medical opinions may sometimes be given more weight than that of treating physicians (20 CFR 416.927(f); SSR 96-6p; POMS DI 24515.003, 24515.013B.)
- 1320-4 ALJ cannot reject treating physician's opinions unless there are clear and convincing reasons to do so (Montijo v. Secretary of HHS)
- 1320-5 ALJ should rely on treating physician, not consultant (Sprague v. Bowen, Murray v. Heckler)
- 1320-6 ALJ must accept treating physician's opinion in the absence of clear and convincing reasons to reject it (Davis v. Heckler; Lester v. Chater; Magallanes v. Bowen; Morgan v. Commissioner)

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- 1320-7 Evaluating medical source opinions on meeting or equaling a listing, RFC assessments, whether a person is disabled (SSR 96-5p; POMS DI 24515.009B.)
- 1320-8 Acceptable medical and other sources (20 CFR 416.913(a), (e))
- 1320-9 Federal ALJ must give great weight to VA determination of disability (McCartey v. Massanari)
- 1321-1 Consultation of sources or VEs; effect of VE's evidence and right of claimant to review VE reports or testimony (POMS DI 25015.020B.8)
- 1321-2 Claimant who cannot return to past work and who has significant nonexertional limitations requires VE to deny claim (Burkhart v. Bowen)
- 1321-3 Hypothetical to VE that does not reflect all claimant's limitations cannot support a finding (Delorme v. Sullivan; Matthews v. Shalala; Light v. Social Security Administration)
- 1321-4 ALJ erred in drawing vocational conclusions without testimony or evidence from VE (Burkhart v. Bowen)
- 1321-5 Ability to do other work (SSR 83-12)
- 1321-6 Ruling on combination of exertional/nonexertional components (SSR 83-14)
- 1322-1 SSI/SSP is a PA program, and retroactive coverage may be available for one year prior to request month (50148, 50078; ACWDL 95-81)
- 1322-2 Onset dates, nontraumatic origin (POMS DI 25501.015)
- 1322-2A Onset dates per Ruling (SSR 83-20)
- 1322-3 Onset, earlier than medical exams (Villa v. Heckler)
- 1323-1 Medical improvement (20 CFR 416.994)
- 1323-2 Continuing disability review generally after 3 years unless shorter or longer diary set (20 CFR 416.990; POMS DI 26525.001 and .005)
- 1323-3 Effect of deletion of Listing 9.09 on ongoing claims (SSR 00-3p; POMS DI 24570.001B.)

Listing of Impairments

- 1331-1 1.00 Musculoskeletal System
- 1331-3 1.02 Major dysfunction of a joint(s) (due to any cause)
- 1331-4 1.03 Reconstructive surgery or surgical arthrodesis of a major weight-bearing joint
- 1331-5 1.04 Disorders of the spine
- 1331-6 1.05 Amputation (due to any cause)
- 1331-7 1.06 Fracture of the femur, tibia, pelvis, or one or more of the tarsal bones
- 1331-8 1.07 Fracture of an upper extremity
- 1331-9 1.08 Soft tissue injury (e.g., burns)
- 1331-12 1.10 Amputation of one lower extremity (at or above the tarsal region)
- 1331-13 1.11 Fracture of the femur, tibia, tarsal bone of pelvis
- 1331-14 1.12 Fracture of an upper extremity
- 1331-15 1.13 Soft tissue injuries of an upper or lower extremity
- 1331-16 Inability to obtain a suitable prosthesis means that applicant satisfies Listing 1.10 (Gamble v. Chater)

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- 1331-17 AR on availability of prosthesis when lower extremity above tarsal region is amputated (AR 97-2(9); POMS DI 52703.001B.)
- 1331-18 Loss of use of an upper extremity (SSR 83-12)
- 1332-1 2.00 Special Senses and Speech
- 1332-3 2.02 Impairment of central visual acuity
- 1332-4 2.03 Contraction of peripheral visual fields in the better eye
- 1332-5 2.04 Loss of visual efficiency
- 1332-6 2.05 Complete homonymous hemianopsia (with or without macular sparing)
- 1332-7 2.06 Total bilateral ophthalmoplegia
- 1332-8 2.07 Disturbances of labyrinthine-vestibular function (including Meniere's disease)
- 1332-9 2.08 Hearing impairments
- 1332-10 2.09 Organic loss of speech
- 1332-11 Evaluation of hearing ability (20 CFR, Part 404, Subpart P, Appendix 1, Section 2.00(B)(1))
- 1332-12 Evaluation of speech (SSR 82-57; POMS DI 24515.015)
- 1333-1 3.00 Respiratory System
- 1333-3 3.02 Chronic Pulmonary Insufficiency
- 1333-4 3.03 Asthma
- 1333-5 3.04 Cystic fibrosis
- 1333-7 3.06 Pneumoconiosis
- 1333-8 3.07 Bronchiectasis
- 1333-9 3.08 Mycobacterial, mycotic, and other chronic persistent infections of the lungs
- 1333-10 3.09 Cor pulmonale secondary to chronic pulmonary vascular hypertension
- 1333-11 3.10 Sleep-related breathing disorders
- 1334-1 4.00 Cardiovascular System
- 1334-2 4.02 Chronic heart failure
- 1334-3 4.03 Hypertensive cardiovascular disease
- 1334-4 4.04 Ischemic heart disease
- 1334-5 4.05 Recurrent arrhythmias
- 1334-6 4.06 Symptomatic congenital heart disease
- 1334-7 4.07 Valvular heart disease or other stenotic defects, or valvular regurgitation
- 1334-8 4.08 Cardiomyopathies
- 1334-9 4.09 Cardiac transplantation
- 1334-10 4.10 Aneurysm of aorta or major branches
- 1334-11 4.11 Chronic venous insufficiency
- 1334-12 4.12 Peripheral arterial disease
- 1335-1 5.00 Digestive System
- 1335-2 5.02 Recurrent upper gastrointestinal hemorrhage from undetermined cause
- 1335-3 5.03 Stricture, stenosis, or obstruction of the esophagus (demonstrated by X-ray or endoscopy)
- 1335-4 5.04 Peptic ulcer disease (demonstrated by X-ray or endoscopy)
- 1335-5 5.05 Chronic liver disease (e.g., portal, postnecrotic, or biliary cirrhosis; chronic active Hepatitis; Wilson's disease)

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- 1335-6 5.06 Chronic ulcerative or granulomatous colitis (demonstrated endoscopy, barium enema, biopsy, or operative findings)
- 1335-7 5.07 Regional enteritis (demonstrated by operative findings, barium studies, biopsy, or endoscopy)
- 1335-8 5.08 Weight loss due to any persisting gastrointestinal disorder
- 1336-1 6.00 Genito-Urinary System
- 1336-2 6.02 Impairment of renal function
- 1336-6 6.06 Nephrotic syndrome, with significant anasarca, persistent for at least 3 months despite prescribed therapy
- 1337-1 7.00 Hemic and Lymphatic System
- 1337-2 7.02 Chronic anemia
- 1337-5 7.05 Sickle cell disease or one of its variants
- 1337-6 7.06 Chronic thrombocytopenia
- 1337-7 7.07 Hereditary telangiectasia
- 1337-8 7.08 Coagulation defects
- 1337-9 7.09 Polycythemia vera
- 1337-10 7.10 Myelofibrosis
- 1337-11 7.11 Acute leukemia
- 1337-12 7.12 Chronic leukemia
- 1337-13 7.13 Lymphomas
- 1337-14 7.14 Macroglobulinemia or heavy chain disease
- 1337-15 7.15 Chronic granulocytopenia
- 1337-16 7.16 Myeloma
- 1337-17 7.17 Aplastic anemias or hematologic malignancies
- 1338-1 8.00 Skin
- 1338-2 8.02 Exfoliative dermatitis, ichthyosis, ichthyosiform erythroderma
- 1338-3 8.03 Pemphigus, erythema multiforme bullosum, bullous pemphigoid, dermatitis herpetiformis
- 1338-4 8.04 Deep mycotic infections
- 1338-5 8.05 Psoriasis, atopic dermatitis, dyshidrosis
- 1338-6 8.06 Hidradenitis suppurative, acne conglobata
- 1339-1 9.00 Endocrine System
- 1339-2 9.02 Thyroid Disorders
- 1339-3 9.03 Hyperparathyroidism
- 1339-4 9.04 Hypoparathyroidism
- 1339-5 9.05 Neurohypophyseal insufficiency
- 1339-6 9.06 Hyperfunction of the adrenal cortex
- 1339-8 9.08 Diabetes mellitus
- 1339-9A How obesity is evaluated (SSR 00-3p; POMS DI 24570.001)
- 1339-9B Obesity Listing 9.09, deleted 10/25/99, cannot be used to decide claims pending on that date (SSR 00-3p; POMS DI 24570.001B.(10))
- 1339-9C Evaluation of whether or not the individual is following prescribed treatment, particularly regarding obesity (SSR 00-03p; POMS DI 24570.001B.)
- 1339-9D Effect of deletion of Listing 9.09 on ongoing claims (SSR 00-3p; POMS DI 24570.001B.)

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- 1339-10 Losing weight is not equivalent to taking pills or following prescriptions.
Losing weight in the past does not show obesity is remediable (Hammock v. Bowen; Dodrill v. Shalala)
- 1340-1 10.00 Multiple Body Systems
- 1340-2 10.01 Category Impairments/Multiple Body Systems
- 1340-3 10.06 Down syndrome
- 1341-1 11.00 Neurological
- 1341-2 11.02 Epilepsy--major motor seizures (grand mal or psychomotor)
- 1341-3 11.03 Epilepsy--minor motor seizures (petit mal, psychomotor, or focal)
- 1341-4 11.04 Central nervous system vascular accident
- 1341-5 11.05 Brain tumors
- 1341-6 11.06 Parkinsonian syndrome
- 1341-7 11.07 Cerebral palsy
- 1341-8 11.08 Spinal cord or nerve root lesions
- 1341-9 11.09 Multiple sclerosis
- 1341-10 11.10 Amyotrophic lateral sclerosis
- 1341-11 11.11 Anterior poliomyelitis
- 1341-12 11.12 Myasthenia gravis
- 1341-13 11.13 Muscular dystrophy
- 1341-14 11.14 Peripheral neuropathies
- 1341-15 11.15 Tabes dorsalis
- 1341-16 11.16 Subacute combined cord degeneration (pernicious anemia)
- 1341-17 11.17 Degenerative disease not elsewhere such as Huntington's chorea, Friedreich's ataxia, and spino-cerebellar degeneration
- 1341-18 11.18 Cerebral trauma
- 1341-19 11.19 Syringomyelia
- 1342-1 12.00 Mental Disorders
- 1342-2 12.02 Organic Mental Disorders
- 1342-3 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders
- 1342-4 12.04 Affective Disorders
- 1342-5 12.05 Mental Retardation
- 1342-6 12.06 Anxiety Related Disorders
- 1342-7 12.07 Somatoform Disorders
- 1342-8 12.08 Personality Disorders
- 1342-9 12.09 Substance Addiction Disorders
- 1342-10 12.10 Autistic disorder and other pervasive developmental disorders
- 1342-11 RFC necessary if mental impairment does not meet listing (20 CFR 416.920(c)(3))
- 1342-12 Evaluate B criteria for psychiatric listings based on combined mental and physical impairments (Lester v. Chater)
- 1342-13 Effects of mental limitations on unskilled sedentary work (POMS DI 25020.010A.3; SSR 96-9p)
- 1342-14 RFC in mental impairment cases (20 CFR 416.920a(c)(3); POMS DI 25020.010)
- 1342-15 Interpretation of Listing 12.03(C) (Esselstrom v. Chater)

ParaReg Headnotes

1300-1399 Disability

- 1342-16 Lack of treatment for mental complaints does not establish that claimant does not have a disabling medical condition (Regennitter v. Commissioner)
- 1342-17 Sedentary individual with mental limitations or restrictions (SSR 96-9p; POMS DI 25015.020B.)
- 1342-18 Lay evidence may be used in SSI determinations to establish medical equivalence under Listing 12.04B. (Schneider v. Commissioner)
- 1343-1 13.00 Neoplastic Diseases--Malignant
- 1343-2 13.02 Head and neck
- 1343-3 13.03 Sarcoma of skin
- 1343-4 13.04 Sarcoma of soft parts
- 1343-5 13.05 Malignant melanoma
- 1343-6 13.06 Lymph nodes
- 1343-7 13.07 Salivary glands
- 1343-8 13.08 Thyroid gland
- 1343-9 13.09 Breast
- 1343-10 13.10 Skeletal system (exclusive of the jaw)
- 1343-11 13.11 Mandible, maxilla, orbit, or temporal fossa
- 1343-12 13.12 Brain or spinal cord
- 1343-13 13.13 Lungs
- 1343-14 13.14 Pleura or mediastinum
- 1343-15 13.15 Abdomen
- 1343-16 13.16 Esophagus or stomach
- 1343-17 13.17 Small intestine
- 1343-18 13.18 Large intestine
- 1343-19 13.19 Liver or gallbladder
- 1343-20 13.20 Pancreas
- 1343-21 13.21 Kidneys, adrenal glands, or ureters--carcinoma
- 1343-22 13.22 Urinary bladder--carcinoma
- 1343-23 13.23 Prostate gland
- 1343-24 13.24 Testicles
- 1343-25 13.25 Uterus
- 1343-26 13.26 Ovaries
- 1343-27 13.27 Leukemia
- 1343-28 13.28 Uterine (Fallopian) tubes--carcinoma or sarcoma
- 1343-29 13.29 Penis--carcinoma with metastases to regional lymph nodes
- 1343-30 13.30 Vulval--carcinoma, with distant metastases
- 1344-1 14.00 Immune System
- 1344-2 14.02 Systemic lupus erythematosus
- 1344-3 14.03 Systemic vasculitis
- 1344-4 14.04 Systemic sclerosis and scleroderma
- 1344-5 14.05 Polymyositis or dermatomyositis
- 1344-6 14.06 Undifferentiated connective tissue disorder
- 1344-7 14.07 Immunoglobulin deficiency syndromes or deficiencies of cell-mediated immunity, excepting HIV infection
- 1344-9 Definitions, Symptomatic and Asymptomatic HIV infections (POMS DI 24595.015)

ParaReg Headnotes

1300-1399 Disability

- 1344-10 Evaluation of HIV infection (POMS DI 24525)
- 1344-11 HIV conditions which equal listings (SSR 91-8p)
- 1344-12 Special evaluation for women with HIV infection (POMS DI 24525.015)
- 1344-13 Chronic fatigue syndrome has no diagnostic criteria, and no specific treatment (POMS DI 24575.005)
- 1344-14 Case criteria for chronic fatigue syndrome (Directions in Psychiatry, Vol. 12, Section 15)
- 1344-15 Ruling on CFS, which sets policy but is not a Listing (SSR 99-2p; POMS DI 24515.075B.)
- 1344-16 14.08 Human immunodeficiency virus (HIV) infection
- 1345-1 Evaluation of alcoholism (POMS DI 24515.045)
- 1345-2 Determining whether DAA affects eligibility for disability benefits (PL 104-121, 105; POMS DI 90070.050A.-C.)
- 1345-3 When DAA is "material" to a finding of disability (POMS DI 90070.050D.3)
- 1345-4 Alcoholism not per se disabling, but it can constitute a disability if it is uncontrollable (Clem v. Sullivan; Cooper v. Bowen; Brown v. Heckler)
- 1345-5 Alcohol dependence (Merck Manual, Chapter 65, 137)
- 1345-6 Federal ALJ must go through five-step disability evaluation process before determining whether drug or alcohol use is relevant to the disability determination (Bustamante v. Massanari; 20 CFR 416.935)